

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155715		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/20/2011	
NAME OF PROVIDER OR SUPPLIER  LUTHERAN COMMUNITY HOME INC				STREET ADDRESS, CITY, STATE, ZIP CODE 111 WEST CHURCH AVE SEYMOUR, IN47274			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K0000	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 04/20/11</p> <p>Facility Number: 000347 Provider Number: 155715 AIM Number: 100275440</p> <p>Surveyor: Mark Bugni, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Lutheran Community Home Inc. was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies, and NFPA 101, LSC, Chapter 18, New Health Care Occupancies for the C Wing Addition, and 410 IAC 16.2.</p> <p>This one story facility was determined to be of Type II (222) construction and fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors,</p>			K0000	<p>Submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or corrections set forth on the statement of deficiencies. This plan of correction is prepared and submitted because of requirements under State and Federal Law. Please accept this plan of correction as our credible allegation of compliance.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K0025 SS=E	<p>and single station smoke detection in all resident sleeping rooms. The facility has a capacity of 109 and had a census of 100 at the time of this visit.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p> <p>Quality Review by Lex Brashear, Life Safety Code Specialist-Medical Surveyor on 04/21/11.</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure 2 of 145 room ceiling smoke barriers were constructed to provide at least a one half hour fire resistance rating. This deficient practice could affect any resident using the Service Hall and 16 residents who reside on the B Hall near the fire alarm system panel room.</p> <p>Findings include:</p>			K0025	<p>K 025 NFPA 101 Life Safety Code StandardIt is the policy of this facility that smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3The housekeeping office ceiling was repaired on April 29, 2011. Materials are on order to repair the Birchwood Lane Mechanical Room wall/ceiling juncture. This work will be completed by May 19, 2011.</p>		05/19/2011

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	<p>Based on observation with the maintenance assistant number one on 04/20/11 at 10:20 a.m., the housekeeping office ceiling had a twelve inch area of drywall around a five foot supply air duct deteriorating and crumbling with gaps in the drywall where the duct penetrated the ceiling smoke barrier. Furthermore, based on observation of the B Hall fire alarm system panel room on 04/20/11 at 12:20 p.m. with maintenance assistant number one, the north ceiling/wall juncture had an eight inch by five foot area of the ceiling around fourteen electrical conduit pipes filled with fiberglass insulation. Based on an interview with maintenance assistant number one on 04/20/11 at 10:40 a.m. and 12:30 p.m., the roof appears to be leaking above the housekeeping office and the fiberglass insulation in the B Hall fire alarm system panel room is a non rated material.</p> <p>3.1-19(b)</p>						

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K0029 SS=E	<p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure 2 of 15 hazardous areas, such as soiled linen rooms and combustible storage rooms over 50 square feet, were provided with a suitable means to keep the doors closed. This deficient practice could affect any residents who use the Service Hall and 10 residents who reside on the C Hall.</p> <p>Findings include:</p> <p>Based on observations on 04/20/11 during a tour of the Service Hall and the C Hall from 10:30 a.m. to 11:40 a.m. with maintenance assistant number one, the Service Hall storage room across the corridor from the maintenance office, which measured three hundred twelve square feet, had a container of laundry detergent propping the self closing door open and the C Hall soiled linen room door failed to self close into the door frame on three attempts and had a one</p>			K0029	<p>K 029 NFPA 101 Life Safety Code StandardIt is the policy of this facility has a one hour fire rated construction or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. Staff members in our Environmental Department were educated on the potential hazards of keeping storage room doors propped open on 4-20-2011 and 4-21-2011. The door to the storage area was closed on the day of the survey. The administrator and the maintenance assistant check the doors in the service hallway to ensure that all the doors remain closed. The closure on the soiled utility room door on Cherry Blvd. was adjusted and repaired on 4-21-2011. The door now closes properly.</p>		04/29/2011

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K0038 SS=E	<p>inch gap. This was verified by maintenance assistant number one at the time of each observation.</p> <p>3.1-19(b) Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation and interview, the facility failed to ensure 1 of 4 exit accesses in the existing building supplied with a delayed egress lock, was provided with a sign indicating PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. 7.2.1.6.1, requires approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The</p>			K0038	<p>K 038 NFPA 101 Life Safety Code StandardIt is the policy of this facility that exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1.The appropriate sign was put into place on Autumn Court on May 11 , 2011. The sign indicates to PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS.</p>		05/11/2011

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	<p>doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only. Exception: Where approved by the authority having jurisdiction, a delay not exceeding 30 seconds shall be permitted. (d) On the door adjacent to the releasing device, there shall be a readily visible, durable sign in letters not less than 1 inch high and not less than 1/8 inch in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. This deficient practice affects 22 residents who reside on the A Hall.</p> <p>Findings include:</p> <p>Based on observation on 04/20/11 at 12:20 p.m. with maintenance assistant number one, the A Hall exit was equipped with a delayed egress lock, furthermore,</p>						

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K0056 SS=E	<p>the A Hall exit door was not provided with a sign indicating PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. This was verified by the maintenance director at the time of observation.</p> <p>3.1-19(b) If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 Based on observation and interview, the facility failed to ensure 1 of 8 corridors and 1 of 2 walk in coolers were provided with complete automatic sprinkler system coverage in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. NFPA 13, Section 5-1.1 states sprinklers shall be installed throughout the premises. This deficient practice could affect 12 residents who reside on the C Hall and any resident who uses the main dining room, located adjacent to the kitchen.</p>			K0056	<p>K 056 NFPA 101 Life Safety Code StandardIt is the policy of this facility to have an automatic sprinkler system that is properly maintained.Two sprinkler heads were installed in the Cherry Blvd. vaulted ceiling on May 4, 2011.The materials are on order to install a sprinkler in the walk-in freezer in the Dietary Department. This work will be complete by May 19, 2011.</p>		05/19/2011

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K0064 SS=B	<p>Findings include:</p> <p>Based on observations on 04/20/11 during a tour of the C Hall and kitchen with maintenance assistant number one from 11:15 a.m. to 12:10 p.m., the C Hall recessed vaulted ceiling in the corridor outside the gift shop, which measured twenty three feet long, and the new kitchen walk in cooler, were not provided with sprinkler coverage. Based on an interview with the administrator on 04/20/11 at the 12:50 p.m. exit conference, the C Hall vaulted recessed ceiling and the new kitchen walk in cooler were part of the past year renovation. The contractors' who removed the C Hall skylights and installed the new vaulted ceiling and the new walk in cooler did not add sprinklers to the two locations that were renovated.</p> <p>3.1-19(b)</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>Based on observation and interview, the facility failed to ensure 4 of 29 portable fire extinguishers were installed correctly. NFPA 10, the Standard for Portable Fire Extinguishers, Chapter 1, 1-6.10 requires the top of portable fire extinguishers weighing 40 pounds or less should be no</p>			K0064	<p>K 064 NFPA 101 Life Safety Code StandardIt is the policy of this facility that portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1.The fire extinguisher in the Medical Records office was lowered to no more than 60 inches from the</p>		05/03/2011



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K0038 SS=E	<p>more than five feet (60 inches) above the floor and those weighing more than 40 pounds should be not more than three and one half feet (42 inches) above the floor. This deficient practice could affect any resident using the activity room and any resident using the main dining room near the kitchen.</p> <p>Findings include:</p> <p>Based on observations on 04/20/11 during the tour between 9:40 a.m. and 12:45 p.m. with maintenance assistant number one, four fire extinguishers measured more than 60 inches from the top of the extinguisher to the floor:</p> <ul style="list-style-type: none"> <li>a. The extinguisher in the medical records room measured seventy inches.</li> <li>b. The extinguisher in the laundry room measured sixty eight inches.</li> <li>c. The extinguisher in the activity room measured sixty eight inches.</li> <li>d. The extinguisher in the kitchen measured seventy inches.</li> </ul> <p>This was verified by maintenance assistant number one at the time of observations.</p> <p>3.1-19(b) Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1 Based on observation and interview, the</p>			K0038	<p>floor on April 29, 2011. The fire extinguisher the Laundry Room was lowered to no more than 60 inches from the floor on April 29, 2011. The fire extinguisher in the Dogwood Avenue activity room was lowered to no more than 60 inches from the floor on May 3, 2011. The fire extinguisher in the Kitchen was lowered to no more than 60 inches from the floor on April 29, 2011.</p> <p>K 038 NFPA 101 Life Safety Code StandardIt is the policy of</p>		05/11/2011

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	<p>facility failed to ensure 1 of 1 exit access in the C Hall addition supplied with a delayed egress lock, was provided with a sign indicating PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. 7.2.1.6.1, requires approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf nor be required to be continuously applied for more than 3 seconds. The initiation of the</p>				<p>this facility that exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. The appropriate sign was put into place on Autumn Court on May 11 , 2011. The sign indicates to PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS.</p>		

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	<p>release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only.</p> <p>Exception: Where approved by the authority having jurisdiction, a delay no exceeding 30 seconds shall be permitted.</p> <p>(d) On the door adjacent to the releasing device, there shall be a readily visible, durable sign in letters not less than 1 inch high and not less than 1/8 inch in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. This deficient practice affects 6 residents who reside on the C Hall.</p> <p>Findings include:</p> <p>Based on observation on 04/20/11 at 11:20 p.m. with maintenance assistant number one, the C Hall exit was equipped with a delayed egress lock, furthermore, the C Hall exit door was not provided with a sign indicating PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. This was verified by the maintenance director at the time of observation.</p> <p>3.1-19(b)</p>						

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	<p>Based on observation and interview, the facility failed to ensure 1 of 1 exit access in the C Hall addition supplied with a delayed egress lock, was provided with a sign indicating PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. 7.2.1.6.1, requires approved, listed, delayed-egress locks shall be permitted to be installed on doors serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system in accordance with Section 9.6, or an approved, supervised automatic sprinkler system in accordance with Section 9.7, and where permitted in Chapters 12 through 42, provided the following criteria are met. (a) The doors shall unlock upon actuation of an approved, supervised automatic sprinkler system in accordance with Section 9.7 or upon the actuation of any heat detector or activation of not more than two smoke detectors of an approved, supervised automatic fire detection system in accordance with Section 9.6. (b) The doors shall unlock upon loss of power controlling the lock or locking mechanism. (c) An irreversible process shall release the lock within 15 seconds upon application of a force to the release device required in 7.2.1.5.4 that shall not be required to exceed 15 lbf nor be required to be continuously applied for</p>			K0038	<p>K 038 NFPA 101 Life Safety Code StandardIt is the policy of this facility that exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1.The appropriate sign was put into place on Autumn Court on May 11 , 2011. The sign indicates to PUSH UNTIL ALARM SOUNDS. DOOR CAN BE OPENED IN 15 SECONDS.</p>		05/11/2011

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	<p>more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only.</p> <p>Exception: Where approved by the authority having jurisdiction, a delay no exceeding 30 seconds shall be permitted.</p> <p>(d) On the door adjacent to the releasing device, there shall be a readily visible, durable sign in letters not less than 1 inch high and not less than 1/8 inch in stroke width on a contrasting background that reads as follows: PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. This deficient practice affects 6 residents who reside on the C Hall.</p> <p>Findings include:</p> <p>Based on observation on 04/20/11 at 11:20 p.m. with maintenance assistant number one, the C Hall exit was equipped with a delayed egress lock, furthermore, the C Hall exit door was not provided with a sign indicating PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS. This was verified by the maintenance director at the time of observation.</p>						

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2011

FORM APPROVED

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155715		(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>04</u> B. WING _____		(X3) DATE SURVEY COMPLETED 04/20/2011	
NAME OF PROVIDER OR SUPPLIER  LUTHERAN COMMUNITY HOME INC				STREET ADDRESS, CITY, STATE, ZIP CODE 111 WEST CHURCH AVE SEYMOUR, IN47274			
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	3.1-19(b)						